

~~Application Number~~

**Filing Date**

**CLAIMS ONLY**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2	/						52	/		
3	/						53	/		
4	/						54	/		
5	/						55	/		
6	/						56	/		
7	/						57	/		
8	/						58	/		
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	/		
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15	/						65			
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43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			